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EDITORIAL

If One Drug Is Good, Then Two Drugs Are Better?

"If TWO DRUGS, A and B, are administered together, then the net pharmacologic effects may be the same, less than, or more than if A and B had been administered separately." Such a statement accompanied by terms such as antagonism (clear) and potentiation (fuzzy), introduces the subject of drug interaction to students in pharmacology courses. Ordinarily little time is devoted to interactions *per se* and the descriptive pharmacology of single agents occupies the major portion of the instructor's time. However, even superficial perusal of the scientific literature reveals that drug interactions in man are all too common, often with serious consequences. The patient, and especially the in-patient, has become the "laboratory animal" in which most drug interactions have been studied — unfortunately in a retrospective manner. Clearly, this subject must be brought to the attention of all those who have responsibility for drug therapy. Elsewhere in this issue of CALIFORNIA MEDICINE [page 380] Morrelli and Melmon have reviewed much of the literature concerning drug interactions. They stress the importance of knowing the mechanisms of drug action and the variables that influence pharmacologic activity as necessary prerequisites to the understanding of how drugs interact.

The examples of interaction in this review are often those which involve a shift in the dose-response curve of one drug caused by some action of another drug. Since such shifts can and do occur in both directions, it is immediately obvious that in cases where several drugs are administered to one patient the doses of all drugs may have to be adjusted to achieve the maximum therapeutic effect with a minimum of toxicity. Optimal individualization of dosage requires careful observation, calling into question the indiscriminate use of fixed-dose combinations in which two or more drugs are compounded in the same tablet or capsule.

Polypharmacy is a fact. Whether or not patients receiving multiple drug therapy suffer or benefit depends upon the physician's awareness that interactions can occur, his understanding of the pharmacologic properties of the drugs he prescribes, and the availability of up to date information concerning drug interactions in man. Timely review articles such as the one by Morrelli and Melmon in this issue should be of great value to the physician who needs to keep abreast of this rapidly expanding area of drug therapy.

Rising Health Care Costs

HEALTH CARE COSTS are rising. Quite properly this is being viewed with concern, and sometimes alarm, by government, labor and the public who of course must ultimately pay these costs. Physicians, hospital administrators and others in the health care industry are also and properly disturbed. As